

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 1131 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 9, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milton S. Coleman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Balt. Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, 11 2

Place of Death, { Give Street and Number. } 112 Park Ave

Cause of Death, { First (Primary), Second (Immediate), } Enterocolitis  
Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 11 1887

Undertaker, John Herwig M. D.

Place of Business, 2008 Calver St Address, 1000 B. Ball. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. A 1132 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 9<sup>th</sup> 1887

Full Name of Deceased, Robert C. Cole { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Married { Cross out the words not required in this line. }

Occupation, Painter

Birth Place, Baltimore Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All Life

Place of Death, No 1739 Wood Hill Ave { Give Street and Number. }

Cause of Death, Rheumatic Paralysis { First (Primary), }  
Apoplexy & Exhaustion { Second (Immediate), }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 11<sup>th</sup> 1887

Undertaker, Wm Weaver Medical Attendant.

Place of Business, 738 N Eutaw St Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1133 Office of Registration of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, July 9<sup>th</sup> 1887

Full Name of Deceased, Nathaniel MacFete {Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, 10 Months,  Days.

Color, Woe

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, City Life

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 112 Orchard St-

Cause of Death, {First (Primary), Hydrocephalus  
Second (Immediate), 3 Days}

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemt

Date of Burial, July 11/87

{ Undertaker, A. Ross } { M. D. James H. Stenard }

{ Place of Business, Com of M & R } { Address, Com of M & R }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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W. C. Roberts Sanitary Inspector

[OVER.]



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## Health Department, City of Baltimore.

Permit No. A 1134 Office of Registrar of Vital Statistics. Ward 7<sup>9</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, July 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Krause

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 39 Years, Months, Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Watchmaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } 1724 Barnes St

Cause of Death, { First (Primary), Phthisis Pulmonalis  
Second (Immediate), Asphyxia }

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11

{ Undertaker, Walter Immel }

{ Place of Business, 594 W. Biddle St Address, 938 N. Broadway }

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 1135 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

July 9

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William May

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years,

4

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Formerly Shoemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Philadelphia

Duration of Residence in the City of Baltimore,

Fifty years

Place of Death, { Give Street and Number. }

1233 Hollins St.

Cause of Death, { First (Primary), Second (Immediate), }

Senile debility  
Diarrhea  
Seven months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 11, 1887

J. M. Wilson

M. D.

Undertaker, Am. H. Hickman

Medical Attendant.

Place of Business, 510 N. Calver

Address, 1008 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1136 Office of Registrar of Vital Statistics.

Ward 18<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, July 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Junior Reinhardt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 Months, 3 Days

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give Street and Number. } 2018 Lemon Alley -

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Asphyxia

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 12<sup>th</sup> 1887

Undertaker, John P. Pankus

G. F. Bruesen M. D.  
Medical Attendant.

Place of Business, 2019 Ind. Ave. Address, 1904 Wilkens Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1137

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

D

Date of Death, July 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Glau

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 18 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1519 N. Washington St.

Cause of Death, { First (Primary), Second (Immediate), } Measles

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 11<sup>th</sup> 1887

{ Undertaker, John P. Paul } Chas. Daddens M. D.

{ Place of Business, 2007 Ind. Ave. } Address, 418 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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## Health Department, City of Baltimore.

Permit No. A 1138 Office of Registrar of Vital Statistics. Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, July 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hattie Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 19 Months,  Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 213 S. Caroline St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11th

Undertaker, W. P. Phipps

Thomas B. Evanson M. D.

Medical Attendant.

Place of Business, 330 S. Bond Address, 121 Lachen Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1139 Office of Registrar of Vital Statistics. Ward 2<sup>11</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 30th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Majrowski

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 7 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 1632 Alice Anna St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 31st

Undertaker, John H. Rehberger M. D.

Place of Business, 330 S Bond Address, # 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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## Health Department, City of Baltimore.

Permit No. A. 1140 Office of Registrar of Vital Statistics.

Ward 16

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Fred. Schäfer

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 67 Years, 2 Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Blacksmith

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. }

803 Barre st.

Cause of Death, { First (Primary), Second (Immediate), }

Paralysis of Brain  
Prostration

Duration of Last Sickness, 9 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11<sup>th</sup> 1887

{ Undertaker, Frederick Weigand M. D.

{ Place of Business, 1006 Druid Hill Ave Address, 418 S. Tackett, Medical Attendant.

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[OVER.]